#### **DECLARATION FOR PRE-TAX BENEFITS**

- I authorize my employers to reduce my salary by applicable pre-tax dollars or deduct from my paycheck the applicable after tax dollars for the insurance programs which I have elected elsewhere on this form.
- I understand that my pre-tax election made herein is irrevocable and can be changed only as of October 1, of each year, or declared open enrollment; or in the event of a qualified life event (marriage, divorce, death of a spouse or eligible dependent, birth or adoption of a child, or a child placed by court order in the employee's household, change in the status of a dependent child, change in my spouse's employment) and that I must elect this change in writing within 31 days of the qualified life event.
- I am aware that my pre-tax plan contributions are ineligible as deductions for income tax purposes.
- I verify that the information on reverse is true and complete and agree that it is my obligation to keep this information up-to-date.
- I authorize release of information to my insurance carriers and employer.
- I understand that as a "new hire" or first time enrollee my elected insurance coverage commences on the date I return to work, if am not "actively at work" on the effective date. The "actively at work" provision includes regular non-working days provided I worked the preceding scheduled work day.
- I understand that as a new hire I have 30 days from the date of hire to enroll in my benefits, Medical, dental, vision, basic life insurance, supplemental life insurance and short-term disability are effective the first of the month after the recipt of your completed enrollment form or enrollment through the self-service system. Flexible spending is effective the first of the month following your date of enrollment, provided you enroll within 30 days of your date of hire.
- I understand that newly elected short term disability coverage and life increases commence on the date I return to
  work, if I am not "actively at work". The "actively at work" provision includes regular non-working days provided I
  worked the preceding scheduled work day.
- I understand that failure to adhere to these declarations may jeopardize my insurance coverage.

## **ACTIVELY AT WORK PROVISION**

Plan provisions require that an employee be performing the duties of his/her normal occupation in order for enrollment or increases in coverage to commence. If an employee is absent due to illness or injury, requested enrollment or increases in coverage do not commence until the employee returns to work. The actively at work provision is only applicable to life insurance and short-term disability coverage.

## **NEW HIRE**

Benefits except Flexible Spending Accounts (FSA) will become effective the first day of the month after the recipt of your completed enrollment form or enrollment through the self-service system.

You have 30 days from your start date of hire to submit your elections. FSA will become effective the first day of the month following enrollment provided you enroll within 30 days of your new hire date.

# **DEPENDENT ELIGIBILITY**

Eligible dependents include: Your legal spouse; Natural, adopted and/or step-children under age 19, or under 25 if a full-time student at an accredited educational institution; Minors under the age of 19 for whom the employee/member has court-ordered guariandship; Foster children under the age of 19; Children placed in the employee/member's home by court order pending adoption; natural, adopted and/or step-children who were disabled prior to age 19.

#### **QUALIFIED LIFE EVENT CHANGES**

Requests for coverage changes due to Qualifying Life Event changes (e.g. marriage, birth/adoption, divorce, etc) must be submitted either within 31 days of the date or during an annual open enrollment period.

# SUPPLEMENTAL LIFE INSURANCE, ACCIDENTAL DEATH AND DISMEMBERMENT (AD&D) INSURANCE and SHORT TERM DISABILITY provided by STANDARD INSURNACE

Supplemental Life Insurance and AD&D options are available to all eligible employees as new hires in \$5,000 increments up to 3 times the annual salary or \$300,000, whichever is less. Annual increases may not exceed \$20,000. Rates may increase at the beginning of the policy year (October 1) according to an employee's age and the following premium schedule.

| Employee Age             |              |              |              |              |              |              |              |              |              |            |
|--------------------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|------------|
| Supplemental Life Plan:  | 29 and under | <u>30-34</u> | <u>35-39</u> | <u>40-44</u> | <u>45-49</u> | <u>50-54</u> | <u>55-59</u> | <u>60-64</u> | <u>65-69</u> | <u>70+</u> |
| Monthly cost per \$5,000 | \$0.50       | \$0.60       | \$0.70       | \$1.20       | \$1.60       | \$2.60       | \$3.70       | \$6.70       | \$6.70       | \$10.60    |

## **SHORT-TERM DISABILITY PLAN**

\$0.89 per \$100 of your monthly base salary (to a maximum of \$5,000)

Monthly premium = (Monthly base salary/100) X \$0.89

Example: Monthly base salary =  $2,500 - (2,500/100) \times 0.89 = 22.25$